

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>H.A.M.</i>	<i>32</i>	<i>5/23</i>
FORMALITY REVIEW	<i>H.S.</i>	<i>36-916</i>	<i>06-28-01</i>
RESPONSE FORMALITY REVIEW	<i>H.S.</i>	<i>943</i>	<i>11-5-1</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) .. Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
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